



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health  
Bethesda, Maryland 20892

DATE: \_\_\_\_\_

TO: \_\_\_\_\_(Immediate Supervisor)

FROM: \_\_\_\_\_(Name of Employee)

SUBJECT: Voluntary Request for Assignment to Hurricane Katrina Relief – Federal Employees

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Series: \_\_\_\_\_

Grade: \_\_\_\_\_

I/C: \_\_\_\_\_

I, \_\_\_\_\_, am making this voluntary request for assignment to off-site location in order to participate in Federal efforts related to the Hurricane Katrina relief. I understand that my current conditions of employment related to:

- Pay;
- Travel and Per Diem;
- Benefits (health and life insurance, retirement, and leave); and
- Eligibility for OWCP (i.e., workers compensation) benefits

will continue as if I were working at my normal duty station for the National Institutes of Health.

The period of the assignment requested is anticipated to be a minimum of 14 calendar days. After the assignment is complete I will return to my position of record at the National Institutes of Health.

Employee Signature \_\_\_\_\_

Immediate Supervisor Approval: \_\_\_\_\_

Executive Officer Approval: \_\_\_\_\_

**Upon all approvals this form must be faxed to OHR (Attn: Katrina Volunteer Request) at 301-594-2996. Executive Officers should retain a copy of this form.**